

Document: Declaration Pursuant to 37
C.F.R. § 1.131
Attorney Client-Matter No: 66656-024
(P-NI 4552)

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EL 985982862 US

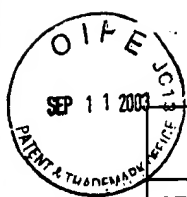
DATE OF DEPOSIT: September 11, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

REBECCA CLIFFORD

Printed Name of Person Mailing Paper or Fee

Rebecca Clifford
Signature of Person Mailing Paper or Fee



AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66655-024 (P-NI 4552)	
SERIAL NO: 09/754,997	FILING DATE: 1/4/2001	EXAMINER: M. Haddad	GROUP ART UNIT: 1644 CONFIRMATION NO.: 4685	
INVENTION: NOPE POLYPEPTIDES, ENCODING NUCLEIC ACIDS AND METHODS OF USE				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450
ALEXANDRIA, VA 22313-1450.

REBECCA CLIFFORD
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR
FEE)

Rebecca Clifford
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed
March 11, 2003, in the above-identified application.

— Small Entity status of this application has been
established under 37 CFR 1.27.

X Petition for Three-Month Extension of Time is enclosed
(in duplicate).

X Declaration Pursuant to 37 C.F.R. § 1.131 executed by
J. Michael Salbaum.

X Form PTO 1449 with 2 references.

— Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is
enclosed.

— No additional claims fee is required.

X An additional claims fee is required and has been
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	42	-	20	-	22	x	\$9	\$18	=	\$	\$396
INDEPEN- DENT CLAIMS	4	-	5	-	0	x	\$42	\$84	=	\$	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			____ YES		____ XX ____ NO		\$140	\$280	=	\$	\$0
							TOTAL ADDITIONAL FEE			\$	\$396

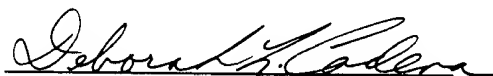
- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

RECEIVED
SEP 23 2003
TECH CENTER 1600/2900

Inventors: J. Michael Salbaum
Serial No.: 09/754,997
Filed: January 4, 2001
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- X Please charge my Deposit Account No. 502624 the amount of \$1326.00, \$930.00 of which covers the fee for a three-month extension of time and \$396.00 which covers the additional claims fee. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena
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McDERMOTT, WILL & EMERY
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7th Floor
San Diego, California 92122
858-535-9001